(Outer prepared at (Give place and date)  HE UNITED STATES, Dr., Payee's Account No. COPY, OF 2  (Address) (City) (State)  (Copy, OF 2  (Payee)  (Address) (City) (State)  No. and Date of Delivery or Service (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms  Cost Per Dollars Ct.  AYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  hipped from to Weight Government B/L No. Total 607.77  Certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  State 1/14/58 *Pavee  Conduction of the sentilisate is made by paye on attached bill or billio (Signature or initials)	U.S. COS	r reimburs	ABLE						מאמ	D BV	
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Steindard Form No. 1035a—Revised

Form prescribed by
Comptroller General peroved For Release 2606/0497 Purchases 621 00360R0006000100AWBUM
September 7, 1990 No. 11)

Services Other Than Personal

CONTINUATION SHEET

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